

Division of Medical Assistance Personal Care Services Program

Service Definition:

Medicaid's Personal Care Services (PCS) program covers aide services in private residences to perform:

- Personal care tasks for patients who, due to a medical condition, need help with activities of bathing, eating, dressing, toileting, moving about and bladder and bowel incontinence; and
- Housekeeping and home management tasks that are essential, although secondary to the personal care tasks necessary for maintaining the patient's health.

A PCS client can receive up to 3.5 hours per day/60 hours per month. The sixty hours must include the RN clinical supervisor assessment, reassessments and supervisory visits. A PCS Plus client can receive an additional 20 hours, if prior approved, for a total of 80 hours per month.

Additional PCS and PCS Plus hours may also be available under the provisions of EPSDT provided that medical necessity exists.

Medical Necessity

To qualify for PCS, individuals must require assistance with a minimum of two unmet activities of daily living. An unmet need exists when the recipient cannot independently perform at least two personal care tasks (see list above) because of a physical or cognitive impairment; and there is no household member, relative, caregiver or volunteer to meet the need on a regular basis.

To qualify for PCS Plus, an individual must:

- require extensive assistance (substantial or hands-on assistance) with four or more ADLs, or
- require extensive assistance with three or more ADLs and need at least one task at the Nurse Aide II level, or
- require extensive assistance with three or more ADLs and have a medical or cognitive impairment that requires extended time to perform needed in-home aide tasks.

Prior approval is required for PCS plus. The provider must submit a request for PCS Plus to the DMA PCS Plus Nurse Consultant.

Service Providers

PCS services are provided by licensed home care agencies and home health agencies.

Service Authorization Process

The individual seeking PCS services is referred to a PCS provider. The provider obtains an order from the primary care physician to assess the individual. An RN assesses the individual using the PCS Physician Authorization and Certification for Treatment (PACT) form. If the RN determines the individual meets the PCS medical necessity

criteria, the RN prepares a Plan of Care (POC) and forwards the assessment and Plan of Care to the physician for his/her signature authorizing the service. The physician has to provide a second order to actually begin services. Reassessments are required at least annually and at other times that the patient's status requires a change in the POC.

The PCS Physician Authorization and Certification for Treatment (PACT) forms and instructions for completion of the forms can be downloaded from the DMA web site (<http://www.dhhs.state.nc.us/dma/forms.html#prov>).

Limitations

In addition to the medical necessity and quantity limitations outlined above, the following are **non-covered tasks** under PCS:

1. Care of non-service related pets and animals.
2. Yard/home maintenance work other than ensuring a safe pathway in and out of the recipient's residence.
3. Transportation: No medical transportation is provided as it is covered through DSS and is considered a duplication of services. No school transportation is provided as it is covered by the school system. Medicaid does not reimburse for aide time spent taking or accompanying the recipient to a physician's office, clinic or for any other type of medical appointment.
4. Assistance with homework.
5. Companion "sitting" or leisure/social activities provided outside a covered PCS task.
6. Continuous monitoring or ongoing client supervision.
7. Licensed practical nurse (LPN) services or registered nurse (RN) skilled nursing services.
8. Home management tasks cannot be completed for other residents of the household.

Additionally:

1. Weekly home management task time may not exceed weekly PCS personal care task time.
2. Personal care and home management task times must adhere to the time guidance provided in the PCS policy. Exceptions must be documented.
3. PCS is not covered when an individual is receiving nursing facility services, adult care home, or other group homes such as DDA, hospital inpatient services or PCS-type services at school.